

Long Term Care (LTC) Facility Authorization Request and Pre Admission Screening and Resident Review (PASRR) Level I Screening Form Guidance

Questions about the LTC-01 or LTC-02 forms:

Contact Moli Atanoa at 269-4133, email SDS training Unit at hss.dsdstraining@alaska.gov or email, through DSM system, DSDS.LTCauthorizations@direct.dhss.akhie.com

Questions about payments, denied claims, or questions about Swing beds or AWD:

Contact Paola Smith, Division of Health Care Services, at 334-2428 or paola.smith@alaska.gov

Questions about travel authorizations:

Contact Dixie Blea, Xerox, at 644-8107 or dixie.blea@xerox.com

New Admissions/Initial Authorizations

- **Medicaid Individuals – Any form of Medicaid whether primary or secondary:** Submit BOTH
 1. *PASRR Level I Screening form*
 2. *LTC Facility Authorization form*
- SDS will complete the “State use only” portion of the LTC Facility Authorization form and return it to you with approval and segment control number on it.
- **Non-Medicaid individuals:**
 1. Submit the *PASRR Level I Screening form*.
- SDS will complete the “State use only” portion of the form and return it to you.

Continued Placement/Reauthorizations

- **Medicaid Individuals:** Complete relevant portions of the *Long Term Care Facility Authorization Request form*. Show where there are **no changes** by checking the appropriate box.
- If the person has experienced a significant change, attach the H&P and indicate changes where applicable. If there are no changes, do not submit attachments.
- SDS will complete the “State use only” portion of the LTC Facility Authorization form and return it to you with approval and segment control number on it.
- **Non-Medicaid individuals:** Not applicable

Resident Review

- Submit BOTH the *PASRR Level I Screening form* and the *LTC Facility Authorization Request form* and indicate that this is a resident review due to a significant change in condition. Make it clear what those changes are by providing information on the form and in attachments.

Administrative Wait Beds

- Submit the *LTC Facility Authorization request form*. SDS must pre authorize admission to an administrative wait bed in an acute care facility. PASRR does not apply until the person is going to be admitted to a long term care facility that is different than the acute care facility.

Swing Beds

- Submit the *LTC Facility Authorization form*. SDS must pre authorize admission to a swing bed in an acute care facility. PASRR does not apply until the person is going to be admitted to a long term care facility that is different than the acute care facility.

General guidance for both forms

- Complete all sections of the forms, do not leave anything blank.
- The forms should be completed by someone who has direct knowledge and information regarding the individual's current state and condition. Normally that is the acute care facility discharge planner or social worker if initial application, or a LTC facility employee if reauthorization request. The submitter must ensure the following criteria are met:
 - Use the most recent version of the forms
 - Forms must be complete
 - Forms must be submitted to SDS via DSM
 - Forms must be submitted to SDS **prior to admission** to the LTC facility if initial authorization request
- Download the forms onto your desktop and type the required information to expedite processing; the forms are in PDF writable format for your convenience.
- Ensure that, at a minimum, the H&P is attached to the *LTC Facility Authorization Request form*.
- Ensure that all required signatures and attachments are present on the forms.
- Submit completed forms, through the Direct Secure Messaging (DSM) system to:
DSDS.LTCAuthorizations.
- You must have a DSM account and address to successfully send emails containing protected health information to another DSM address. Visit <http://www.ak-ehealth.org/for-providers/direct-secure-messaging/> to learn how to set up an account.
- Visit the Senior and Disabilities Services (SDS) website to learn more about “Long term Care and PASRR resources” at <http://dhss.alaska.gov/dsds/Pages/default.aspx>

PASRR Level I form

Senior and Disabilities Services (SDS) must ensure that each individual, regardless of payment source, is screened and/or evaluated for mental illness (MI), intellectual disability (ID) or related condition (RC) before they are admitted into a Medicaid certified long term care facility. These federal requirements are found in **42 CFR 483.100 - 483.138** which detail the Pre Admission Screening and Resident Review (PASRR) regulations. The information provided on this form helps the State in determining whether the proposed long term care facility placement is appropriate to the particular individual's needs.

The PASRR Level I Screening form is only required at the time of new admission or resident review; it is not required for continued placement/reauthorization unless the resident has experienced a significant change in condition (resident review).

Demographic information

- Enter the last name of the individual, followed by their first name and middle initial. Once you enter this information, it will appear at the top of each page of the form.

- “DOB” = date of birth
- Include the individual’s Medicaid number, (if applicable), address, and telephone number
- “Name of representative” - If the individual has a legal representative of any kind (power of attorney, parent, delegated parental authority, full or partial guardian, conservator, representative payee, etc.), enter their name, contact information and what type of legal representative they are. (If the recipient is cognitive and retains their legal decision making please include their name and contact information)
- For “current location”, write where the individual is currently located; at home, in acute care facility, in a long term care facility, etc.
- If individual is in a facility and this is for a resident review, type in the name and identification number of that facility with contact information
- The “individual” can be an *applicant* if new admission, inter-facility transfer, or retroactive Medicaid, or a *resident* if continued placement or if a significant change has occurred that required the facility to conduct a *resident review*.
- Check the box to show if the resident had a level of care change from SNF to ICF or from ICF to SNF if applicable.

Category of admission

- “Exempted hospital discharge” – If an individual’s attending physician certifies that the person will only be in a long term care facility for 30 days or less. This means that even if the individual has a known or suspected mental illness, intellectual disability or related condition, they may be admitted to the facility without the State conducting a PASRR level II evaluation. However, documentation (in any format as long as it is signed by the physician) of the **physician’s certification must be attached** to the PASRR Level I form.

If it appears that the individual will be in the facility longer than the stated 30 days, it is the facility’s responsibility to contact SDS, via DSM, on day 25 to let them know. A Level II evaluation must be conducted, per regulation, by day 40 if the person is still residing in the LTC facility.

- “Primary dementia diagnosis in combination with mental illness” – If an individual has a dementia, Alzheimer’s disease or a related disorder and mental illness condition, they are exempted from having a Level II evaluation done and may be admitted to the facility. However, documentation (in any format as long as it is signed by the physician) of the **physician’s certification of this diagnosis must be attached** to the PASRR Level I form.
- “PASRR Categorical Determinations” – these are certain circumstances that are time-limited that require an *abbreviated* PASRR Level II evaluation which is done via document review by the State instead of a full PASRR Level II evaluation which may require an on-site visit wherever the individual is currently located. These particular circumstances are included in the State’s Medicaid Plan that is approved by the Centers for Medicare & Medicaid Services (CMS). **In all of these circumstances, evidence of the attending physician’s certification must be attached.** This includes:

- **ADRD & ID:** Individual has a primary diagnosis of dementia, Alzheimer's disease or a related disorder in combination with diagnosis of intellectual disability or related condition.
- **Convalescent care:** Individual admitted directly to LTC facility from hospital for convalescent care for an acute physical illness and is likely to require less than 90 days of NF services.
If it appears that the individual will be in the facility longer than the stated 90 days, it is the facility's responsibility to contact SDS, via DSM, on day 85 to let them know. A Level II evaluation must be conducted, per regulation, by day 90 if the person is still residing in the LTC facility.
- **Terminal illness:** As defined as life expectancy of less than six months, as certified by attending physician.
- **Severe physical illness:** If the individual has a severe physical illness, resulting in level of impairment so severe that individual needs LTC services but cannot be expected to benefit from specialized services.

Diagnostic Information

- Identify the code **and** descriptor for all known diagnoses of mental illness, intellectual disability, or related conditions and date of onset.
- Check the box if the individual has been referred or has received services for mental illness, intellectual disability or related condition.
- Check the box if the individual has no known or suspected diagnosis of mental illness, intellectual disability or related condition.
- **If no boxes regarding mental illness, intellectual disability or related condition are checked the form will be considered incomplete and will not be processed.**

Functional and Adaptive needs

- Check any and all that apply to the individual as indicated by observation, family or individual input, medical documentation or other means.

Documents reviewed

- Check any and all documents or sources of information used in completing the PASRR Level I screening.
- It is not a requirement to attach any of these documents. However, if SDS has questions or needs additional information to make a PASRR determination, you may be required to submit additional documentation.
- If a PASRR Level II evaluation is indicated, SDS will request an H&P to complete the evaluation. It is generally easier to include this documentation with the PASRR when a Physician suspects a Level 2 is required.

Signature and Contact information

- Type the name and title of the person who completed the PASRR Level I screening in case SDS has questions that can be answered over the phone or via email.

Additional Notes

- The State is responsible for the final determination regarding PASRR. If review of the Level I PASRR Screening indicates a need for a PASRR Level II evaluation, the State may require additional documentation, will complete the evaluation and make a determination regarding appropriate placement within 7-9 business days, and will notify all parties of the outcome.
- The entity responsible for conducting Level II evaluations for ID and/or related conditions is the IDD unit at SDS and the entity responsible for conducting Level II evaluations for MI is the Division of Behavioral Health (DBH). The State must conduct the Level II evaluation within an annual average of

7 to 9 working days of referral of the individual with ID, MI or RC but makes every effort within their control to conduct the evaluations sooner than 7-9 working days.

- **Level I screenings and Level II evaluations must be completed *prior* to admission.**

Long Term Care (LTC) Facility Authorization Request

Senior and Disabilities Services (SDS) is responsible for oversight of the long term care facility authorization process, whereby the Division gives prior authorization to an individual's placement in a Medicaid certified facility. Long term care facility authorization request forms may be submitted to SDS through the Direct Secure Messaging (DSM) system to DSDS.LTC Authorizations.

The LTC facility Authorization request form is required at the time of new admission, resident review if the resident is Medicaid, and for continued placement/reauthorization.

Section 1: Identifying Information

Demographic information

- Enter the last name of the individual, followed by their first name and middle initial
- "DOB" means date of birth
- Include the individual's Medicaid number, Address, and telephone number
- Please include the name of the individual in either the Applicant section or Resident section. The "individual" can be an *applicant* if new admission, inter-facility transfer, or retroactive Medicaid, or a *resident* if continued placement or if a significant change has occurred that required the facility to conduct a resident review.

Name of Individual's Representative

- If the individual has a legal representative of any kind (power of attorney, parent, delegated parental authority, full or partial guardian, conservator, representative payee, etc.), enter their name, contact information and what type of legal representative they are.
- If the individual is cognitive and retains their legal decision making please include the individual's name and contact information
- If this section is left blank the form will be rejected

Placement category

- "LTC" means long term care
- "Swing bed" – a bed that a hospital uses, as needed, to provide either acute or SNF care.
- "AWD" - Administrative Wait Bed (AWD)

Payment Source

- Check the appropriate box(es) that apply to this particular individual.
- If form is being completed for a retroactive Medicaid payment for a resident who is deceased or otherwise already discharged, indicate this by entering the date of discharge or date of death.

Recommended Level of Care

- Check **one** box

- “ICF” = intermediate care facility
- “SNF” = skilled nursing facility

Duration of care and travel

- “Proposed” date of admission is applicable to individuals who are not yet in a LTC facility. “Actual” date of admission for individuals who are already residents of a LTC facility and for whom this form is completed for purposes of continued placement request.
- Requested period of coverage is the dates that make up the segment for which the individual will be residing in the LTC facility.
 - For Skilled Nursing Facilities (SNF) you must request authorization for placement or continued placement every 3 months ending on the last day of the 3rd month.
 - For Intermediate nursing facility (ICF) you must request authorization for placement or continued placement every 6 months ending on the last day of the 6th month.
 - Refer to regulation 7 AAC 140.535 for detailed information
- **Travel Authorization requests– if the individual is traveling from one location to a location where the facility is located, please complete the section pertaining to travel, attach the required documents and have the facility representative sign the form. Submit the completed form to SDS and mark the DSM email subject line “Initial – Travel” as these will be prioritized by SDS for processing.**
- For “current location”, write where the individual is currently located; at home, in acute care facility, in a long term care facility, etc.
- If individual is in a facility, type in the name and identification number of that facility with contact information
- If the individual has a legal representative of any kind (power of attorney, parent, delegated parental authority, full or partial guardian, conservator, representative payee, etc.), enter their name, contact information and what type of legal representative they are.

Proposed Long Term Care facility

- Discharging hospitals and admitting facilities are expected to communicate about the capacity and willingness to admit individuals before the LTC facility authorization request form is completed and submitted to SDS. Check the box to indicate that the facility is able and willing to admit the individual.
- Enter **BOTH** the name of the proposed facility and the identification number with contact information.
- If multiple facilities are being considered for placement, write the additional facilities names in the box.

Section 2: Discharge Planning

- Everyone is required to have a discharge plan. No part of this Section can be left blank. **Forms will be rejected without it.**
- If this form is for initial placement/new admission, the acute care facility will enter the discharge plan information.
- If the form is for continued placement of a resident already residing in the facility, the facility will enter discharge plan information.
- Check the box to indicate that there are no changes from the initial form submission. If this box is checked please include the original discharge plan on the new form.
- If there are significant changes in the person’s condition and this is a “resident review”, write in the appropriate boxes what those changes are.
- The discharge plan must include the actual plan that identifies post discharge needs.

Section 3: Physician certifications

- Enter name and contact information for the attending physician
- Enter diagnostic information – both the code and the descriptor
- The attending physician must include the medical reason for admission, the level of care recommendation and the certification of intended length of stay. This information will be referred to when making a PASRR determination so it is important to submit it completely.
- The attending physician must sign the form. This is required for all new admissions and anytime the attending physician for that individual changes. If no change, check the box indicating that the physician's signature is on file.
- **The attending physician must sign for all initials and the first reauthorization, as the physician at the LTC facility is different than the one that was attending when the person was at home or in acute care. Once the person is a resident in the LTC facility and has submitted a reauthorization request with the facility attending physician signature on it, and if there is no change in attending physician, then for any subsequent reauthorization request, check the box that the signature is on file or include the signature of the delegated authority.**

Section 4: Individual Needs

- Enter the medications that the individual takes **that are relevant to their long term care placement**
- In the medications table, the route and does is asked for because this will help illustrate level of care needs
- If the form submission is for continued placement/reauthorization or resident review and there have been no medication changes, check the box to indicate "no change".
- Follow the instructions on the form to score the individual's self-performance in the listed tasks and their support score. These scores will help illustrate the individual's capacity for independent living and self-care and that the individual meets nursing facility level of care.
- Cognition- check the appropriate box and write details if the person has a problem in any particular cognitive area

Attachments

- Check any and all documents or sources of information used in completing the form that are attached
- It is a requirement to attach, at minimum, the H&P for the individual if new admission. For reauthorizations/continued placement or resident review, only attach documentation that indicates significant changes of the resident's condition.
- Therapy services: check the appropriate boxes and specify the frequency that the individual engages in therapy services.

Signature and Contact information

- Type the name and contact information of the person who completed the form in case SDS has questions that can be answered over the phone or via email.

Definitions and Acronyms

PASRR: Pre Admission Screening and Resident Review. See federal regulations at 42 CFR 483.100 - 483.138.

LTC auth: Long term Care facility authorization. See state regulations at 7 AAC 140.500 -595 *Nursing Facility Services: ICF and SNF*

Resident Review: 'Significant change of condition' means any major decline or improvement in the individual's physical or mental condition, as described in 42 C.F.R. 483.20, as in effect on February 1, 2014, or

when at least one of the following criteria is met:

- There is a change in the individual's current diagnosis(es), mental health treatment, functional capacity, or behavior such that, as a result of the change, the individual who did not previously have indications of Serious mental illness, or who did not previously have indications of a developmental disability, now has such indications (this includes any individual who may have had indications of one or the other but now has indications of both SMI and ID).

-The change is such that it may impact the mental health treatment or placement options of an individual previously identified as having MI and/or may result in a change in the specialized services needs of an individual previously identified as having a developmental disability.

Skilled nursing services: the observation, assessment, and treatment of a recipient's unstable condition requiring the care of licensed nursing personnel to identify and evaluate the recipient's need for possible modification of treatment, the initiation of ordered medical procedures, or both, until the recipient's condition stabilizes.

Intermediate nursing services: the observation, assessment, and treatment of a recipient with long-term illness or disability whose condition is relatively stable and where the emphasis is on maintenance rather than rehabilitation, or care for a recipient nearing recovery and discharge whose condition is relatively stable but who continues to require professional medical or nursing supervision.

AWD: An Administrative Wait Bed provider offers nursing home care to a patient authorized by Senior and Disabilities Services (SDS) as requiring a nursing home level of care and is "waiting" in an acute institution for services to be available. This allows the acute setting to receive some reimbursement for the bed. Tribal hospitals should apply for administrative wait bed status since there are fewer requirements for administrative wait beds than swing beds, outlined as follows:

- Administrative wait beds are a Medicaid/Alaska Medical Assistance-only program (Medicare does not pay for this service).
- If a hospital meets the enrollment requirements for inpatient hospital for Alaska Medical Assistance, they can enroll as an Administrative Wait (AW) provider (does require additional enrollment and billing number).
- **The State administers the program under the same rules as swing beds: Status must follow an acute stay of at least 3 days and patients are certified to meet nursing home level of care. Hospitals must provide proof that the recipient has been accepted at a long term care facility, but the bed is not available. Forms for authorization of long term care services are the same as for swing beds and must be submitted to Long-Term Care Authorizations prior to admission to the bed.**
- There are no further federal or state documentation or reporting requirements.
- The reimbursement rate is the same as swing beds and covers room, board and services.
- It is often easier to bill Administrative Wait Days upon discharge if proper paperwork has been submitted prior to the admission to the bed.

Specialized services: those services which are distinct from those available in nursing facilities and results in the continuous and aggressive implementation of an individualized plan of care.

'Serious mental illness (SMI)': includes the following criteria regarding diagnosis, level of impairment and recent treatment.

(a) **Diagnosis.** The individual does not have dementia, but has a major mental disorder and this mental disorder is one of the following: a schizophrenic, mood, delusional (paranoid), panic or other severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder, or another mental disorder other than developmental disability that may lead to a chronic disability.

(b) **Level of impairment.** Within the past six months, due to the mental disorder, the individual has experienced functional limitations on a continuing or intermittent basis in major life activities that would be appropriate for the individual's developmental stage.

(c) **Recent treatment.** The treatment history indicates that the individual has experienced at least one of the following:

(i) Psychiatric treatment more intensive than counseling and/or psychotherapy performed on an outpatient basis more than once within the past two years; or

(ii) Within the last two years, due to the mental disorder, experienced an episode of significant disruption to the usual living arrangement, for which supportive services were required, or which resulted in intervention by housing or law enforcement officials.

Intellectual and/or Developmental Disability: person with a developmental disability as defined by Alaska Statute 47.80.900 (6) as follows:

a person who is experiencing a severe, chronic disability that

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the person attains age 22;

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated

DSM: Direct Secure Messaging which is encrypted and is used for emailing protected health information. Visit <http://www.ak-ehealth.org/for-providers/direct-secure-messaging/> for more information on how to set up your DSM account.

Swing Bed: a hospital bed that “swings” between being used for acute care and skilled nursing care.

ICF: Intermediate nursing services are the observation, assessment, and treatment of a recipient with long-term illness or disability whose condition is relatively stable and where the emphasis is on maintenance rather than rehabilitation, or care for a recipient nearing recovery and discharge whose condition is relatively stable but who continues to require professional medical or nursing supervision.

SNF: Skilled nursing services are the observation, assessment, and treatment of a recipient's unstable condition requiring the care of licensed nursing personnel to identify and evaluate the recipient's need for possible modification of treatment, the initiation of ordered medical procedures, or both, until the recipient's condition stabilizes.